Effective ecember 8, 2004												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EN	TITY	OR	OTHER SMALL	
U.S. NATIONAL STAGE FEES			1	,		, , , , , , , , , , , , , , , , , , ,	1	RATE	FEE	1	RATE	FEE
BÁSIC FEE			SMALL ENT. = \$ 150		LAR	GE ENT. = \$ 300	1	BASIC FEE		OR	BASIC FEE	34)
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50/\$100 /			ther situations = 100 / \$ 200	1	EXAM. FEE		1	EXAM. FEE	200
SEARCH FEE			U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400			thersituations = 1 250 / \$ 500		SEARCH FEE			SEARCH FEE	SW
FEE FOR EXTRA SPEC. PGS.			minu	ıs 100 =	/ 50 =			X \$ 125 =	ţ	<u>;</u>	X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			17 min	us 20 =	•			X \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS			2 "	inus 3 =	•			X \$ 100 =	<u> </u>	OR	X \$ 200 =	
MUL	TIPLE DEPEN	DENT CLAIM PRI	ESENT					+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2								· TOTAL		OR	TOTAL.	000
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT A	A	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 17	Minus .		)	=		X \$ 25 =	·	OR	X \$ 50 =	
MEN	Independent	.2	Minus	***	5			X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =	•	OR	+ \$ 360 =	
								TOTAL ADDIT. FEE		OR	FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)			-			l
AMENDMENT B	•	CLAIMS REMAINING AFTER AMENOMENT		HIGHI NUME PREVIO PAID I	ST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
MEN	Independent	•.	Minus	***		= ·		X \$ 100 =		OR	X \$ 200 =	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+\$ 180 =		OR	+\$ 360 =	
								TOTAL ADDIT. FEE		OR	FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".												

Application or Docket Number